



Specialty Independent Review Organization, Inc.

Amended Report of June 20, 2006

June 15, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #:
MDR Tracking #: M2-06-1262-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Mr. ____ suffered an on-the-job injury on ____ while working at a construction site. Evidently a co-worker dropped a 9 pound nail gun from a height of 18 ft. which struck Mr. ____ on the top of his head. He was wearing a hard hat. He developed headaches and neck pain.

He was seen by a neurologist, Dr. Mohammed Athari for evaluation of persistent headaches and neck pain. Dr. Athari saw Mr. ____ on 06-18-04 and documented a normal neurologic examination. He recommended an EMG study and an EEG. The EEG was normal. It was performed on 06-25-04. Mr. ____ continued to complain of headaches of headaches, memory and cognitive difficulties and neck pain. Dr. Athari requested a MRA of the brain and a repeat EEG.

Please note that additional imaging studies, including a MRI of the C-spine were normal. In addition, Mr. ___ was treated by Dr. Santiago Guajardo, a chiropractor and by Dr. Bobby Perez, primary care doctor.

RECORDS REVIEWED

- 1) Correspondence to Dr. Mohammed Athari dated 03-03-06 from Corvel Corporation.
- 2) Correspondence to Dr. Mohammed Athari dated 02-21-06 from Corvel Corporation.
- 3) Office progress notes from Dr. Athari dated 06-18-04 to 01-27-06.
- 4) EEG dated 06-25-04 interpreted by Dr. Athari.
- 5) Office progress notes – Dr. Santiago Guajardo dated 04-28-04 to 06-11-04.
- 6) X-rays of the cervical spine 04-28-04.
- 7) EMG by James Weiss, MD dated 06-04-04.
- 8) Office progress notes from Regional Specialty Clinic by Bobby Pervez, MD dated 05-05-04 to 05-03-05.
- 9) CT of the brain with and without contrast on 05-18-04 by Champion's MRI.
- 10) MRI of the cervical spine dated 05-12-04 at Champion's Open MRI. Correspondence from Robert Josey, Attorney to SIRO dated 05-18-06.
- 11) TWCC work status reports by Dr. Guajardo dated 04-23-04 to 10-21-04.
- 12) Patient evaluation report by Dr. Guajardo dated 09-16-04.
- 13) Review of impairment rating by Dr. Guajardo dated 09-15-04.
- 14) Letter of disagreement with designated doctor.
- 15) Findings of MMI by Dr. Guajardo dated 04-22-04.
- 16) Re-evaluation report by Dr. Guajardo dated 08-16-04.
- 17) Functional capacity evaluation by Dr. Guajardo dated 06-29-04.
- 18) Psychological evaluation by John Ann Morgan, M. E.D., Shanti Pain and Wellness Clinic dated 11-09-04.
- 19) Spine surgery consult by Dr. Mark McDonnel, MD dated 06-08-04.
- 20) Physician's Activity Status Report – Concentra Medical Center by Locum Cadema, MD.

REQUESTED SERVICE

The requested service is a repeat EEG.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Mr. ___ suffered a closed head injury on ___ as a result of a 9 pound nail gun falling from a height of 18 ft. and striking him on the head. He has developed problems with headache and neck pain. Per the most recent progress notes of Dr. Athari, his headaches are controlled with medications. He has had some memory and concentration difficulties and cognitive difficulties. These findings are all in keeping with a post-concussive process. He has not had any seizures,

blackouts, loss of consciousness or awareness or other phenomena to suggest seizure activity. There is no medical necessity for another EEG at this point. His neurologic examination is normal. CT imaging of the brain was normal. A previous EEG done on 06-25-04 was normal.

REFERENCES

Sandrini G, Friberg L, Janig W et al. Neurophysiological tests and neuroimaging procedures in non-acute headache: guidelines and recommendations. *Eur J Neurol.* 2004 Apr; 11(4):217-24.

Von Wild K, Terwey S. Diagnostic confusion in mild traumatic brain injury (MTBI). Lessons from clinical practice and EFNS inquiry. *European Federation of Neurological Societies. Brain Inj.* 2001 Mar; 15(3): 273-7.

American Clinical Neurophysiology Society indications for obtaining an electroencephalogram. *J Clin Neurophysiol.* 1998 Jan;15(1):76-7.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 20th day of June 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli